

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10383

Reg. Dist. No. 202

10393

1. PLACE OF DEATH a. COUNTY Kent MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Kent	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 359 Calvert Street		d. STREET ADDRESS 213 Queen Street	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Agnes	Middle virginia	Last Ayers
4. DATE OF DEATH	Month October	Day 8	Year 1956
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>August 1871</i>
		WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. AGE (in years and birthday) <i>65 yrs.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Abraham Raspberry		14. MOTHER'S MAIDEN NAME Eliza	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 17. INFORMANT Agnes Murray Address 359 Calvert St., Chestertown Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Probable heart disease DUE TO She had a history of having been treated prior to 1952 for decompensation			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO Said to have been alcoholic (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>R. W. Farr</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
DATE SIGNED October 8, 1956			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct. 11, 1956	
22c. NAME OF CEMETERY OR CREMATORIAL Janes Cem.		22d. LOCATION (City, town, or county) (State) Chestertown, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Willis Wells</i>		ADDRESS Chestertown, Md.	
24a. REC'D BY REGISTRAR DATE 10-1956		24b. REGISTRAR'S SIGNATURE Clara S. Barnes	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the same, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Farm PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

WISCONSIN STATE DEPARTMENT OF HUMAN-RELATIONS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V.
RECEIVED
OCT 15 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10384

10394

CERTIFICATE OF DEATH

Reg. Dist. No.

202

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE					
Kent MARYLAND		Maryland					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb					
Chestertown		40 Yrs.					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? / YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
Vernon Apts.		Vernon Apts.					
3. NAME OF DECEASED (Type or print)		First	Middle				
		John Taylor Baxter					
4. DATE OF DEATH		Month	Day				
		Oct.	16				
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH	9. AGE (in years last birthday) yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
Male		White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	March 10, 1873	83		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Canning		Tomato & Corn		Baltimore County Md.		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
John Wm. Baxter		Hester Bevard					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT		Address	
		213-22-4783		Mrs. J. T. Baxter, Chestertown, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable Terminal Pneumonia and Urinary</u> <u>434.1</u> DUE TO <u>Infection</u>						2 weeks	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Congestive Heart failure and prostatic</u> DUE TO <u>enlargement</u>						2 years	
(c) <u>Arteriosclerotic cardio vascular disease</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
19							
21. I certify that I attended the deceased from <u>Sept.</u> , 19 <u>53</u> to <u>Oct. 16</u> , 19 <u>56</u> , that I lost saw the deceased alive on <u>October 16</u> , 19 <u>56</u> , and that death occurred at <u>6:30 AM</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Robert W. Farr</u>		ADDRESS (Street, city or town, state) M.D.				DATE SIGNED <u>10/16/56</u>	
PHYSICIAN'S NAME (Type)		Robert W. Farr M. D.		Chestertown, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct. 19/56		22c. NAME OF CEMETERY OR CREMATORIUM Chester Cemetery		22d. LOCATION (City, town, or county) Chestertown, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY REGISTRAR Oct. 18-1956		24b. REGISTRAR'S SIGNATURE <u>Class S. Barnes</u>	
Marvin V. Williams, Chestertown, Md.							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it may be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE CITY

CERTIFICATE OF DEATH

1956

BUREAU V. S.

OCT 22 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10385

201

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Kent		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Kent	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Still Pond		c. LENGTH OF STAY IN 1b Lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Still Pond			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Jennie	Middle Coleman	Last Boulden	4. DATE OF DEATH October 19	Month 1956	Day Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 8, 1882	9. AGE (In years last birthday) 74 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Samuel Coleman		14. MOTHER'S MAIDEN NAME Amanda Mitzel					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Pearl Coleman		Address Still Pond, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Muscular Arthritis</u> INTERVAL BETWEEN ONSET AND DEATH 727X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- } (b) <u>Ergone & cold.</u> lying cause last. } DUE TO (c) <u>Rheumatism</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) <u>none</u>					
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Oct 1st</u> , 1956, to <u>Oct 19th</u> , 1956, that I last saw the deceased alive on <u>Oct 19th</u> , 1956, and that death occurred at <u>Still Pond</u> , from the causes and on the date stated above. ACTUAL SIGNATURE <u>L. P. Atwell</u> M.D. ADDRESS (Street, city or town, state) <u>Still Pond, Md.</u> DATE SIGNED <u>Oct 20th 1956</u>							
PHYSICIAN'S NAME (Type) Dr. L. P. Atwell		Still Pond, Md.					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 10/22/56		22c. NAME OF CEMETERY OR CREMATORIUM Still Pond Cemetery		22d. LOCATION (City, town, or county) Still Pond, Md. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Victor N. Kennedy</u>		ADDRESS Still Pond, Md.		24a. REC'D BY REGISTRAR DATE 10/20/56		24b. REGISTRAR'S SIGNATURE <u>E. kennard Jones</u>	

CERTIFICATE OF DEATH

OCT 22 1956

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10386

10395

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Kent MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MD b. COUNTY Queen Anne's	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown		c. LENGTH OF STAY IN 1b 17 yrs	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Kent & Queen Anne's		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington	
3. NAME OF DECEASED (Type or print) REMBERT		First M. Middle Last	4. DATE OF DEATH 10 Month 2 Day Year 2 1956
S. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH Aug 10 1905
8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		9. AGE (In years lost birthday) 51 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY Barber shop		11. BIRTHPLACE (State or foreign country) MD	
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Daniel Cannon		14. MOTHER'S MAIDEN NAME Jennie Buckler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 17. INFORMANT Catherine Cannon	
		Address Millington Md	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) anemia - acute			
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Gastro intestinal hemorrhage			
DUE TO (c) Probable gastric neoplasm			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)			
Diabetes mellitus + renal failure			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 9/28/1956 to 10/2/1956 that I last saw the deceased alive on 10-2-1956, and that death occurred at 6:30 A.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE Robert Jare		ADDRESS (Street, city or town, state) M.D. Chesapeake, MD 10/3/56	
PHYSICIAN'S NAME (Type)		DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial Act. 4/1956		22b. DATE THEREOF ADDRESS	
22c. NAME OF CEMETERY OR CREMATORIAL Sudlersville Cem.		22d. LOCATION (City, town, or county) (State) Sudlersville Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Edward Fellow Millington Md.		24a. REC'D BY REGISTRAR DATE	
		24b. REGISTRAR'S SIGNATURE Clara Barnes	

CERTIFICATE OF DEATH

1882

MARYLAND

BUREAU V.

DEC 8 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10387

Reg. Dist. No.

CERTIFICATE OF DEATH

10396

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it may be retained by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH o. COUNTY Kent		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Md	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown		c. LENGTH OF STAY IN 1b 1 month	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Queen Anne's		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Locust Grove	
3. NAME OF DECEASED (Type or print) Joseph		First Franklin	Middle Gary
4. DATE OF DEATH Oct 5 1956		Last	Month
S. SEX Male	5. COLOR OR RACE W	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	7. B. DATE OF BIRTH Feb 14 1901
WIDOWED <input type="checkbox"/>	DIVORCED <input checked="" type="checkbox"/>	8. AGE (In years lost birthday) 55 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY General store	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Harry L. Gary	
14. MOTHER'S MAIDEN NAME Agnes McGuire		15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) 352X	
16. SOCIAL SECURITY NO. 316-14-2018		17. INFORMANT Address Lella Bickling Chestertown Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal bronchopneumonia - DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Hemiplegia DUE TO (c)		5 days ' month	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED White Not white of work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 9/3 1956 to 10/5 1956 that I last saw the deceased alive on 10-5 1956, and that death occurred at 6 PM, from the causes and on the date stated above.		ADDRESS (Street, city or town, state) DATE SIGNED Chestertown, Md. 10/5/56	
ACTUAL SIGNATURE Robert W. FARR		PHYSICIAN'S NAME (Type)	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct 9, 1956	22c. NAME OF CEMETERY OR CREMATORIAL Palma Cemetery
22d. LOCATION (City, town, or county) Palma, Md.		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE Edward Bellour Millington Md.		24a. REC'D BY REGISTRAR DATE OCT 15 1956	24b. REGISTRAR'S SIGNATURE Clara Barnes

CERTIFICATE OF DEATH

BUREAU V. S.

OCT 15 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
10397 CERTIFICATE OF DEATH

10388

Reg. Dist. No. 202

1. PLACE OF DEATH a. COUNTY Kent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown		c. LENGTH OF STAY IN 1b life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown	
d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Gilbert M. Hadaway		4. DATE OF DEATH Oct. 9, 1956	Month Year Day 19
S. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 11, 1895
9. AGE (In years last birthday) 61 yrs.		10. IF UNDER 1 YEAR Months 6	11. IF UNDER 24 HRS. Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale meat packer (owner)		10b. KIND OF BUSINESS OR INDUSTRY Wholesale meat packer (owner)	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME J. Thomas Hadaway		14. MOTHER'S MAIDEN NAME Gertrude Carter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-32-7420	
17. INFORMANT Mrs. Rose Hadaway		Address Chestertown Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO 433.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Auricullar fibrillation DUE TO 2 years (c)			
INTERVAL BETWEEN ONSET AND DEATH 10 min.?			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Oct. 6-11, 1956 , to October 9, 1956 , that I last saw the deceased alive on October 6, 1956 , and that death occurred at 2001 M, from the causes and on the date stated above. ACTUAL SIGNATURE A. C. Dick M.D. ADDRESS (Street, city or town, state) Chestertown, Md. DATE SIGNED 10/10/56			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct. 12, 1956	22c. NAME OF CEMETERY OR CREMATORIUM Chester Cem.
22d. LOCATION (City, town, or county) Chestertown, Md.		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE J. Willis Wells		24a. REC'D BY REGISTRAR Oct. 12-1956	24b. REGISTRAR'S SIGNATURE Class. Barnes

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-trust permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF HEALTH-ENVIRONMENT
CERTIFICATE OF DEATH

BUREAU V. S.
RECEIVED
OCT 15 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10389

10398

CERTIFICATE OF DEATH

Reg. Dist. No. 2102

1. PLACE OF DEATH a. COUNTY <i>Kent</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Kent</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chestertown</i>		c. LENGTH OF STAY IN lb <i>2 weeks</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Kent & Queen Anne</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>R. James</i>		First <i>R.</i>	Middle <i>James</i>
4. DATE OF DEATH Month <i>Oct</i> Day <i>19</i> Year <i>1956</i>		5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>1904</i>	
9. AGE (In years last birthday) <i>52 yrs.</i>		10. IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Lewis Holly</i>		14. MOTHER'S MAIDEN NAME <i>Josephine Mitchell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <input type="checkbox"/> (Yes, no, or unknown) <i>If yes, give war or dates of service)</i>		16. SOCIAL SECURITY NO. <i>216-05-6707</i>	
17. INFORMANT <i>Deceased from Hospital records</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute heart failure</i> 433.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Nodal tachycardia -</i> DUE TO (c)	
		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year .Hour a. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <i>Chestertown</i> (County) <i>Md.</i> (State) <i>Md.</i>	
21. I certify that I attended the deceased from <i>10-19</i> , 19 <i>56</i> , to <i>10-19</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>10-19</i> , 19 <i>56</i> , and that death occurred at <i>9:30 AM</i> , from the causes and on the date stated above. ACTUAL SIGNATURE <i>R. James</i> M.D. ADDRESS (Street, city or town, state) <i>Chestertown, Md.</i> DATE SIGNED <i>10/19/56</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Oct. 22, 1956</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>Janes Cemetery</i>		22d. LOCATION (City, town, or county) <i>Chestertown, Maryland</i> (State) <i>Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Willis Wells</i>		24a. REC'D BY REGISTRAR <i>Oct. 22-56</i> DATE <i>Oct. 22-56</i>	
ADDRESS <i>Chestertown, Md.</i>		24b. REGISTRAR'S SIGNATURE <i>Clara J. Barnes</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event, within 72 hours after death.

CERTIFICATE OF DEATH

This present
 - State of ~~Michigan~~ Michigan
 & the ¹² day of November, 1956
 in the year, ¹⁹ ~~1956~~
 at a house
 located at
 1234 Main Street
 in the town of
 - name of deceased
 - date of birth
 - cause of death

BUREAU V. S.

OCT 23 1956

6-16 250-12-14

 (Signature)
 GIDEON W. FULLER

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10390

10399

CERTIFICATE OF DEATH

Reg. Dist. No.

263

1. PLACE OF DEATH
a. COUNTY

Kent

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Chestertownd. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
Kent and Queen Ann's3. NAME OF
DECEASED
(Type or print)

Estella

A.

Joiner

S. SEX

Female

6. COLOR OR RACE

White

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

(If yes, give date of service)

Housewife

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Rock Hall, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edwin Boulter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unknown)

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hospital records, Chestertown, Md.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer of liver, probably primary

155X DUE TO

Conditions, if any, which

gave rise to immediate

cause (a), stating the under-

lying cause lost.

{ (b)

DUE TO

{ (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year

Hour o. m.

p. m.

19

White

Not white

at work of work

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, farm,

factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I attended the deceased from

10-1-, 19 56

to 10-8-, 19 56

that I last saw the deceased

alive on 10-8-, 19 56

, and that death occurred at 7:45 P.M.

from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL

SIGNATURE

A.C. Dick, M.D.

M.D.

Chestertown, Md.

10-10-56

22a. BURIAL, CREMATION,
REMOVAL (Specify)

Oct. 11, 1956 Wesley Chapel

Rock Hall

Md.

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CEMETORY

22d. LOCATION (City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

Edgar L. Lane

Church Hill, Md.

ADDRESS

DATE Oct 11/56

24a. REC'D BY REGISTRAR

S. Elwood Burger

24b. REGISTRAR'S SIGNATURE

S. Elwood Burger

VS A15 (4)

15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be received by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,

page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with

the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MANUFACTURED STATE DEPARTMENT OF HEALTH - SWINSONS, JR

CERTIFICATE OF DEATH

10-3116

BUREAU V. S.

OCT 15 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10391

10492

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH a. COUNTY Kent		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Kent		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural—Chestertown		c. LENGTH OF STAY IN 1b 5 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural) Chestertown				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Buck Neck				d. STREET ADDRESS Buck Neck		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) William Alan McGregor		First	Middle	Last	4. DATE OF DEATH October 10	Month	Day	Year 19 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-6-'90	9. AGE (In years last birthday) 66 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cattle breeder		10b. KIND OF BUSINESS OR INDUSTRY Cattle and farming		11. BIRTHPLACE (State or foreign country) Manitoba, Canada		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James Duncan McGregor				14. MOTHER'S MAIDEN NAME Elizabeth Murphy				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. W.A. McGregor, Chestertown, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left ventricular failure 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Coronary artery infarct DUE TO (c) Coronary artery disease						INTERVAL BETWEEN ONSET AND DEATH 4 hrs.		
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						14 months		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				14 months		
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Fairlee Kent Co. Md.		20f. (City or town) (County)		(State)
21. I certify that I attended the deceased from August 1956, to October 10, 1956, that I last saw the deceased alive on October 10, 1956, and that death occurred at 8:15 p.m., from the causes and on the date stated above. ACTUAL SIGNATURE <u>A.C. Dick</u> M.D. ADDRESS (Street, city or town, state) Chestertown, Maryland DATE SIGNED 10-11-56								
PHYSICIAN'S NAME (Type) A.C. Dick, M.D.								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct. 14/56		22c. NAME OF CEMETERY OR CREMATORIUM St. Paul Cemetery		22d. LOCATION (City, town, or county) Fairlee Kent Co. Md. (State)		
23. FUNERAL DIRECTOR'S SIGNATURE Marvin V. Williams		ADDRESS Chestertown, Md.		24a. REC'D BY REGISTRAR DATE 15-1956		24b. REGISTRAR'S SIGNATURE Class S. Barnes.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relied on by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE DEPARTMENT OF HEALTH—MILWAUKEE 18

BUREAU V. S.
REC'D 17 OCT 1956

OCT 17 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10392

10430

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH o. COUNTY Kent		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland		b. COUNTY Kent		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Still Pond		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Kent and Queen Ann						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Maro	Middle Patten	Last Patten	4. DATE OF DEATH October 1 1956	Month October	Day 1	Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH May 30, 1868	9. AGE (In years last birthday) 88 yrs.	IF UNDER 1 YEAR Months 88	IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kent Co., Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James Patten		14. MOTHER'S MAIDEN NAME Lydia Walraven						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Hospital records, Chestertown, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Mata static carcinoma</u>						INTERVAL BETWEEN ONSET AND DEATH ??		
151X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.		(b) <u>probably of stomach origin</u>				??		
DUE TO								
DUE TO								
(c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While Not while of work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from <u>9-27</u> , 19 <u>56</u> , to <u>10-1</u> , 19 <u>56</u> that I last saw the deceased alive on <u>10-1-56</u> , 19 <u>56</u> , and that death occurred at <u>1 p.m.</u> from the causes and on the date stated above.						ADDRESS (Street, city or town, state) DATE SIGNED		
ACTUAL SIGNATURE <u>A.C. Dick</u>						<u>Chestertown, Maryland 10-2-56</u>		
PHYSICIAN'S NAME (Type) A. C. Dick, M.D.								
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>10-4-56</u>		22c. NAME OF CEMETERY OR CREMATORIUM <u>CHESTER CEMTY</u>		22d. LOCATION (City, town, or county) <u>CHESTERTOWN MD.</u>		
23. FUNERAL DIRECTOR'S SIGNATURE <u>Victor N. Kennedy</u>		ADDRESS <u>STILL POND, MD.</u>		24a. REC'D BY REGISTRAR DATE <u>10/16/56</u>		24b. REGISTRAR'S SIGNATURE <u>E. Edward Jones</u>		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

87. BROWNSVILLE-NEW YORK CITY TRANSIT AUTHORITY

BUREAU V.

DCT 15 1956

REFUGEE FUND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10393

10403

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE	
Kent MARYLAND		Maryland Kent	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Fairlee	14 Wks.	Chestertown	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Strong Nursing Home	Country Club Estates		
3. NAME OF DECEASED (Type or print)	First	Middle	Lost
Jane Hill Rasin			
4. DATE OF DEATH	Month	Day	Year
	OCT. 24		19 56
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH
F.	W.	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	March 24, 1872
9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
84 yrs.	Months Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Port Kennedy Pa.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Daniel Hill	Mary Jane Kilpatrick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
no	none	George R. Rasin, Chestertown, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: Probable Terminal Bronchial Pneumonia	one week		
IMMEDIATE CAUSE (a)			
491X			
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first.	DUE TO	Senility	one year
	(b)		
	DUE TO		
	(c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
Urinary Tract Infection			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
19			
21. I certify that I attended the deceased from June 26, 19 56, to Oct 24, 19 56, that I last saw the deceased alive on Oct 24, 19 56, and that death occurred at 4:30 P.M., from the causes and on the date stated above.	ADDRESS (Street, city or town, state) DATE SIGNED		
ACTUAL SIGNATURE	Robert W. Farr M.D. Chestertown, Md.		
PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORIUM	22d. LOCATION (City, town, or county) (State)
Burial	Oct. 27/56	Still Pond Cemetery	Still Pond, Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
Marvin V. Williams, Chestertown, Md.		Oct. 27-56	Clara S. Barnes

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

81 ROMANTICISM IN LITERATURE AND THE ARTS

BUREAU V. S.

OCT 29 1956

REGIY ED